



## Flexible Spending Accounts Change Form

PROCESS LEVEL: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

I request to change my election for the remainder of this plan year as indicated below.

	Plan Benefit per Check	Annual Plan Benefit
	Change from _____ To _____	Change from _____ To _____
Medical Reimbursement	_____	_____
Dependent Care	_____	_____

**Reason for Change (circle):**

**Date of Event** \_\_\_\_\_

1) Marital Status Change	Marriage	Divorce	Death	Annulment	Legal Separation
2) Number of Dependents	Birth	Adoption	Death	Marriage (of dependent)	
	Age	Student status	Military	Child turned 13 (Dependent Care only)	
	Other	_____			

3) Change in Employment Status (Explanation) \_\_\_\_\_

4) Change Dependent Care Provider \_\_\_\_\_

5) Judgment, Decree, or Court Order \_\_\_\_\_

(Describe)

6) FMLA Begin / End (circle one)

7) COBRA event

(Describe)

Date of Change on PayCheck: \_\_\_\_\_ RK Required \_\_\_\_\_ Refund Required \_\_\_\_\_

Explanation if required: \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

I understand that my election made herein is irrevocable, but may be changed only as of October 1 of each year or in the event of a qualifying life event (e.g., marriage, divorce, death of a spouse or dependent, birth or adoption of a child or a child placed by court order in the employee's household, change in the status of a dependent or a change in spouse's employment). Increases/decreases are allowed mid-year for dependent care for life event changes. For health reimbursement, only increases are allowed for life event changes; no mid-year decreases are permitted. The requested change must be submitted within 31 days of the life event to the Agency Benefits Liaison. Furthermore, I am aware that any expenses claimed cannot be claimed on my Federal or State income tax returns.